

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 48     | 5/19/01  |
| FORMALITY REVIEW          | CR       | 1019   | 05-24-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date  |
|----------|-------|
| Final    |       |
| Original | 27 16 |
| 1        | 63    |
| 2        |       |
| 3        |       |
| 4        |       |
| 5        |       |
| 6 ✓      |       |
| 7 ✓      |       |
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| 14       | N     |
| 15 ✓     |       |
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| Claim    | Date |
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| Final    |      |
| Original | 51   |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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